



General Assembly
February Session, 2010

Raised Bill No. 403

LCO No. 1904

01904_____PH_

Referred to Committee on Public Health

Introduced by:

(PH)

AN ACT CONCERNING HEALTH INFORMATION TECHNOLOGY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-25g of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a not-for-profit institute for health information technology and exchange, to be known as the Connecticut e-Health Institute. The Department of Public Health shall provide administrative support for the establishment of the institute.

[(a)] (b) On and after [July 1, 2009, the Department of Public Health] January 1, 2011, the institute shall be the lead health information exchange organization for the state. The [department] institute shall seek private and federal funds [, including funds made available pursuant to the federal American Recovery and Reinvestment Act of 2009,] for the initial development of a state-wide health information exchange. [Any private or federal funds received by the department may be used for the purpose of establishing health information technology pilot programs and the grant programs described in section 19a-25h.] The Department of Public Health may contract with the institute to transfer unexpended federal funds received by the department pursuant to the federal American Recovery and Reinvestment Act of 2009, P.L. 111-05, if any, for the initial development of a state-wide health information exchange.

[(b) The department shall: (1) Facilitate] (c) The institute shall facilitate the implementation and periodic revisions of the health information technology plan [after the plan is] initially submitted in accordance with the provisions of section 74 of public act 09-232*, including the implementation of an integrated state-wide electronic health

information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors, state and federal agencies and patients. [and (2) develop standards and protocols for privacy in the sharing of electronic health information. Such standards and protocols shall be no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164. Such standards and protocols shall require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail.]

(d) The institute shall, within available resources, provide grants for the advancement of health information technology and exchange in this state, pursuant to subsection (i) of section 19a-25h, as amended by this act.

Sec. 2. Section 19a-25h of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[(a) There is established a health information technology and exchange advisory committee. The committee shall consist of twelve members as follows: The Lieutenant Governor; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan, and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; two appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, and one of whom shall have expertise in public health; two appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, and one of whom who shall have expertise with federally qualified health centers; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall have background and experience as a pharmacist or other health care provider that utilizes electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Commissioners of Public Health, Social Services, Consumer Protection and the Office of Health Care Access, the Chief Information Officer, the Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the committee.

(b) All initial appointments to the committee shall be made on or before October 1, 2009. The initial term for the committee members appointed by the Governor shall be for four years. The initial term for committee members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for committee members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the committee members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a committee member shall serve for a term of four years. No committee member, including initial committee member may serve for more than two terms. Any member of the committee may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

(c) The committee shall select a chairperson from its membership and the chairperson shall schedule the first meeting of the committee, which shall be held no later than November 1, 2009.

(d) Any member appointed to the committee who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(e) Notwithstanding any provision of the general statutes, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any eligible institution, or for any other individual with a financial interest in an eligible institution, to serve as a member of the committee. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10. Members may participate in the affairs of the committee with respect to the review or consideration of grant-in-aid applications, including the approval or disapproval of such applications, except that no member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by an eligible institution in which such member has a financial interest, or with whom such member engages in any business, employment, transaction or professional activity.

(f) The health information technology and exchange advisory committee shall advise the Commissioner of Public Health regarding implementation of the health information technology plan. The committee shall develop, in consultation with the Commissioner of Public Health, (1) appropriate protocols for health information exchange, and (2) electronic data standards to facilitate the development of a state-wide, integrated electronic health information system, as defined in subsection (a) of section 19a-25d, for use by health care providers and institutions that are funded by the state. Such

electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols, with such privacy standards consistent with the requirements of section 19a-25g, (B) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d, (C) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d, and (D) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d.

(g) The health information technology and exchange advisory committee shall examine and identify specific ways to improve and promote health information exchange in the state, including, but not limited to, identifying both public and private funding sources for health information technology. On and after November 1, 2009, the Commissioner of Public Health shall submit any proposed application for private or federal funds that are to be used for the development of health information exchange to the committee. Not later than twenty days after the date the committee receives such proposed application for private or federal funds, the committee shall advise the commissioner, in writing, of any comments or recommended changes, if any, that the committee believes should be made to such application. Such comments and recommended changes shall be taken into consideration by the commissioner in making any decisions regarding the grants. In addition, the committee shall advise the commissioner regarding the development and implementation of a health information technology grant program which may, within available funds, provide grants-in-aid to eligible institutions for the advancement of health information exchange and health information technology in this state. The commissioner shall offer at least one member of the committee the opportunity to participate on any review panel constituted to effectuate the provisions of this subsection.

(h) The Department of Public Health shall, within available funds, provide administrative support to the committee and shall assist the committee in all tasks, including, but not limited to, (1) developing the application for the grants-in-aid authorized under subsection (g) of this section, (2) reviewing such applications, (3) preparing and executing any assistance agreements or other agreements in connection with the awarding of such grants-in-aid, and (4) performing such other administrative duties as the committee deems necessary. For purposes of this subsection, the Commissioner of Public Health may, within available funds, contract for administrative support for the committee pursuant to section 4a-7a.

(i) Not later than February 1, 2010, and annually thereafter until February 1, 2015, the Commissioner of Public Health and the health information technology and exchange advisory committee shall report, in accordance with section 11-4a, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding quarter and, if applicable, how such funds were expended, (2) the amount of grants-in-

aid awarded to eligible institutions, (3) the recipients of such grants-in-aid, and (4) the current status of health information exchange and health information technology in the state.

(j) For purposes of this section, "eligible institution" means a hospital, clinic, physician or other health care provider, laboratory or public health agency that utilizes health information exchange or health information technology.]

(a) The Connecticut e-Health Institute shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor; the Commissioner of Public Health; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan, and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; two appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, and one of whom shall have expertise in public health; two appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, and one of whom who shall have expertise with federally qualified health centers; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall have background and experience as a pharmacist or other health care provider that utilizes electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Commissioners of Social Services, Consumer Protection and the Office of Health Care Access, the Chief Information Officer, the Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the committee. The Commissioner of Public Health shall serve as the chairperson of the board.

(b) All initial appointments to the board shall be made on or before October 1, 2010. The initial term for the board members appointed by the Governor shall be for four years. The initial term for board members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for board members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the board members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other

than an initial term, a board member shall serve for a term of four years. No board member, including initial board members, may serve for more than two terms. Any member of the board may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

(c) The chairperson shall schedule the first meeting of the board, which shall be held not later than November 1, 2010.

(d) Any member appointed to the board who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the board.

(e) Notwithstanding any provision of the general statutes, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any person, firm or corporation, to serve as a board member, provided such trustee, director, partner, officer, stockholder, proprietor, counsel or employee shall abstain from deliberation, action or vote by the board in specific respect to such person, firm or corporation. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10.

(f) Board members shall not receive any compensation for services, but shall receive their actual and necessary expenses incurred in the performance of their official duties.

(g) The board shall select and employ a chief executive officer who shall be responsible for administering the institute's programs and activities in accordance with policies and objectives established by the board.

(h) The board shall direct the institute regarding: (1) Implementation and periodic revisions of the health information technology plan submitted in accordance with the provisions of section 74 of public act 09-232, including the implementation of an integrated state-wide electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors, state and federal agencies and patients; (2) appropriate protocols for health information exchange; and (3) electronic data standards to facilitate the development of a state-wide, integrated electronic health information system, as defined in subsection (a) of section 19a-25d, for use by health care providers and institutions that receive state funding. Such electronic data standards shall: (A) Include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols; (B) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual; (C) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from

time to time, and contained in 45 CFR 160, 164; (D) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (E) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d; (F) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d; and (G) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d.

(i) Applications for grants from the institute shall be made on a form prescribed by the board. The board shall review applications and decide whether to award a grant. The board may consider, as a condition for awarding a grant, the potential grantee's financial participation and any other factors it deems relevant.

(j) The board may consult with such parties, public or private, as it deems desirable in exercising its duties under this section.

(k) Not later than February 1, 2011, and annually thereafter until February 1, 2016, the chief executive officer of the institute shall report, in accordance with section 11-4a, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding year and, if applicable, how such funds were expended, (2) the amount and recipients of grants awarded, and (3) the current status of health information exchange and health information technology in the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-25g
Sec. 2	<i>from passage</i>	19a-25h

Statement of Purpose:

To replace the health information technology and exchange advisory committee that currently advises the Department of Public Health regarding implementation of the health information technology plan with a new Connecticut e-Health Institute. The institute would serve as the lead information exchange organization for the state, seek federal and private money for the development of a state-wide health information exchange and facilitate the implementation of the health information technology plan.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]